

12-07-01

A/Rei

PTO/SB/66 (02-01)

Approved for use through 01/31/2004 OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

BMID9738US

## Claims as Filed - Part 1

PTO	Claims in Patent		Number Filed in Reissue Application		(3)	Small Entity		Other than a Small Entity			
					Number Extra	Rate	Fee		Rate	Fee	
	(A)	32	Total Claims (37 CFR 1.16(j))	(B)	38	**** 6 =	x \$ 9 =	\$54	or	x \$ 18 =	\$108
	(C)	6	Independent claims (37 CFR 1.16(i))	(D)	12	* 6 =	x \$ 42 =	\$252		x \$ 84 =	\$504
Basic Fee (37 CFR							\$370			\$740	
Total Filing Fee							\$676			\$1,352	

## Claims as Amended - Part 2

(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		OR	Other than a Small Entity	
			Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	=	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS *****	=	x \$ 42 =	\$0	x \$ 84 =	\$0
Total Additional Fee					\$0		\$0

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. 02-2958 in the amount of \$1,352.  
A duplicate copy of this sheet is

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-2958.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

December 7, 2001

Date

*Michelle Davidson Neff*  
Signature of Applicant, Attorney or Agent of Record

Michelle Davidson Neff, Reg. No. 47,817

Typed or printed name

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): William F. CRISMORE, et al.

Docket No.

BMID9738US

~~Serial No.~~

Patent No. 5,997,817

~~Filing Date~~

Issued: Dec. 7, 1999

Examiner

Group Art Unit

Invention: ELECTROCHEMICAL BIOSENSOR TEST STRIP

I hereby certify that this Reissue Application

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under

37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

December 7, 2001

(Date)

Rose Edwards

(Typed or Printed Name of Person Mailing Correspondence)

Rose Edwards

(Signature of Person Mailing Correspondence)

EL566320321US

("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.